

Application to Become a Mentor

Date Application Handed In: ____/____/____

General Information

Name: _____
(prefix) (First) (Middle) (Last)

Email: _____

Address: _____
(Number) (Street) (Apt Number)

(City) (State) (Zip)

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Preferred method of contact: please check one

- ☐ Email
- ☐ Home Phone
- ☐ Cell Phone
- ☐ Work Phone

Birthdate: ____/____/____
(Month) (Date) (Year)

Gender: (circle one) male female

Race: (please check one)

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caucasian | |

Primary Language: (circle one) English Spanish Other

Secondary Language: (circle one) English Spanish Other

Primary Religion: (please check one)

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Non/Atheist |

Sexual Orientation: (please check one)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Lesbian | |

Marital Status: (please check one)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Domestic Partner |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |

Family Household Income: (please check one)

- | | |
|--|--|
| <input type="checkbox"/> <10,000 | <input type="checkbox"/> 75,000-99,999 |
| <input type="checkbox"/> 10,000-24,999 | <input type="checkbox"/> 100,000-149,999 |
| <input type="checkbox"/> 25,000-49,999 | <input type="checkbox"/> >150,000 |
| <input type="checkbox"/> 50,000-74,999 | |

Military Service: (circle one) No Yes

Are you a smoker? (circle one) No Yes

Are you disabled? (circle one) No Yes

If yes, type of disability Cognitive Physical
Other: (please list) _____

I am available to meet: (check all that apply)

- ☐ Before school
- ☐ AM Block
- ☐ Lunch
- ☐ PM Block
- ☐ After School

What factor motivated you to want to mentor? (check one)

- ☐ Want to help young people succeed
- ☐ Want to make a difference in someone's life
- ☐ Want to give back to the community
- ☐ Religious and spiritual reasons
- ☐ Someone helped me when I was young
- ☐ Other (please explain)

Interests

My Interests Include: (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Sports | <input type="checkbox"/> TV |
| <input type="checkbox"/> Computer/Video | <input type="checkbox"/> Playing Sports (check all that apply) | <input type="checkbox"/> Music |
| <input type="checkbox"/> Games Movies | <input type="checkbox"/> Baseball | <input type="checkbox"/> Playing an Instrument |
| <input type="checkbox"/> Cooking/Eating Out | <input type="checkbox"/> Basketball | <input type="checkbox"/> Listening to Music |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Football | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Golf | <input type="checkbox"/> Cultural Events (check all that apply) |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Hockey | <input type="checkbox"/> Theater |
| | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Concerts |
| | <input type="checkbox"/> Soccer | <input type="checkbox"/> Museums |
| | <input type="checkbox"/> Softball | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Tennis | <input type="checkbox"/> Outdoor Activities (check all that apply) |
| | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Biking |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Canoeing |
| | <input type="checkbox"/> Watching Sports (check all that apply) | <input type="checkbox"/> Hiking |
| | <input type="checkbox"/> Baseball | <input type="checkbox"/> Ice-skating |
| | <input type="checkbox"/> Basketball | <input type="checkbox"/> Rollerblading |
| | <input type="checkbox"/> Football | <input type="checkbox"/> Walking |
| | <input type="checkbox"/> Golf | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Hockey | |
| | <input type="checkbox"/> Lacrosse | |
| | <input type="checkbox"/> Soccer | |
| | <input type="checkbox"/> Softball | |
| | <input type="checkbox"/> Tennis | |
| | <input type="checkbox"/> Volleyball | |
| | <input type="checkbox"/> Other | |

Age ranges I am willing to be matched to: check all that apply)

- ☐ 7 and under
- ☐ 8-10
- ☐ 11-14
- ☐ 15-18
- ☐ Other
- ☐ No preference

Races I am willing to be matched with: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Doesn't matter |

I am willing to be matched with a youth from a home environment with: (check all that apply)

- ☐ Substance abuse
- ☐ Physical abuse
- ☐ Emotional abuse
- ☐ Sexual abuse

Education

Highest level of education completed: (please check one)

- | | |
|--|--|
| <input type="checkbox"/> No degree | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Terminal Degree (PhD, JD, MD, etc.) |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Other |

Degree date: _____
(year)

School Name: _____

Date Started: ____/____/____ Date Ended: ____/____/____

Work Experience (current or most recent)

Organization Name: _____

Address: _____
(Number) (Street)

(City) (State) (Zip)

Occupation Field (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Government | <input type="checkbox"/> Military |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hospitality/Tourism | <input type="checkbox"/> Tech |
| | <input type="checkbox"/> Other |

Job Position: _____

Date Started: ____/____/____ Date Ended: ____/____/____

Please list hours worked:

	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Referral

Motivation for being a mentor: (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Being a teacher/school | <input type="checkbox"/> Saw a need |
| <input type="checkbox"/> Know a mentor | <input type="checkbox"/> Saw an ad |
| <input type="checkbox"/> Parent/have children | <input type="checkbox"/> Someone asked me to mentor |
| <input type="checkbox"/> Participation in an organization | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Religion/faith | <input type="checkbox"/> Other |

I learned about mentoring through: (please check one)

- | | |
|---|--|
| <input type="checkbox"/> Community/Corporate Presentation | <input type="checkbox"/> Public service announcement |
| <input type="checkbox"/> Company is involved in mentoring | <input type="checkbox"/> Referral from agency/organization |
| <input type="checkbox"/> Mentor Michigan | <input type="checkbox"/> Volunteer center |
| <input type="checkbox"/> Mentoring.org | <input type="checkbox"/> Volunteer fair |
| <input type="checkbox"/> Newspaper article/letter to the editor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Program website | |

The target audience for the above recruitment source was: (please check one)

- | | |
|---|--|
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Religious Institute |
| <input type="checkbox"/> Civic Organization | <input type="checkbox"/> Universities |
| <input type="checkbox"/> General Public | <input type="checkbox"/> Volunteer Councils |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Other |

Please add any comments you have about either your motivation or the recruitment source:

Prior Mentoring Experience

Have you mentored? (circle one)

No

Yes

Most Recent Mentoring Experience

Program Name: _____

Date Started: _____ / _____
(Month) (Year)

Date Ended _____ / _____
(Month) (Year)

Comments:

Please Return Application To:
<please insert your organizations information here>